



Effective on 12/08/04  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)**910.00**

### Complete if Known

Application Number	09/888,707
Filing Date	June 25, 2001
First Named Inventor	Trace, et al.
Examiner Name	Q.N. Nguyen
Art Unit	2141
Attorney Docket No.	163933.01
Express Mail Label No.	N/A

### METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):

☒ Deposit Account Deposit Account Number: **50-0463** Deposit Account Name: **MICROSOFT CORPORATION**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

#### 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

**Total Claims** - 26 or HP = **0** **Extra Claims** **Fee (\$)** **Fee Paid (\$)**  
**19** x **50** = **0**

HP = highest number of total claims paid for, if greater than 20

**Indep. Claims** - 4 or HP = **0** **Extra Claims** **Fee (\$)** **Fee Paid (\$)**  
**4** x **200** = **0**

HP = highest number of independent claims paid for, if greater than 3

**Multiple Dependent Claims**  
**Fee (\$)** **Fee Paid (\$)**  
**0** **0**

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
N/A	-100 = 0	/ 50 = 0 (round up to a whole) number x	250	0

#### 4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	0
Other: RCE fee (\$790.00); 1 month extension of time fee (\$120.00)	\$910.00

#### SUBMITTED BY

Signature	<i>David S. Lee</i>	Registration No. (Attorney/Agent)	38,222	Telephone	(425) 703-8092
Name (Print/Type)	David S. Lee	Date	June 29, 2005		